

## VA Broadens Benefits for Partial Loss of Breast

**WASHINGTON, D.C.** — The Department of Veterans Affairs (VA) has broadened its coverage of monthly compensation for women who suffer loss of breast tissue related to their military service. The new regulation replaces a policy that limited the special compensation to women veterans losing one or both breasts.

The new rule liberalizes the benefit to cover those losing 25 percent or more tissue from a single breast or from both breasts in combination. It includes loss by mastectomy or partial mastectomy, or following radiation treatment.

Payments retroactive to January 1, 2003, may be made to eligible women. Women veterans with service-connected breast tissue loss who are not receiving the special monthly compensation may contact VA at toll-free 1-800-827-1000 to find out if they are eligible under the new provisions.

The current special compensation rate of \$81 monthly for breast loss is in addition to the underlying disability compensation for a condition arising or worsening while in the military.

In addition to breast tissue loss, special monthly compensation rates also apply when a veteran loses one or more of the senses of sight, hearing and speech, experiences loss of a reproductive organ or its use, or suffers severe injuries such as loss of limbs. Base rates of disability payments before special monthly compensation generally range from \$104 to \$2,193 per month for a single veteran depending on the degree of disability.

The breast benefit provision was included in the Veterans Benefits Act of 2002. The rule is the latest in a series of changes that have improved VA's services to women veterans, including changes to make it easier for women to establish service-connection for gynecological and breast disorders and to provide more consistent evaluations. ■

*HVAMC boasts 26 staff physicians on Best Doctors list plus 56 consultants and attending physicians . . .*

## 82 Houston VA Docs Listed as "Best Doctors" in the Nation

**HOUSTON, TX** - Did you know the medical knowledge company, Best Doctors®, Inc. listed 82 Houston VA Medical Center (HVAMC) physicians as some of the best doctors in the nation for the year 2003?

According to the Best Doctors Web site at [www.BestDoctors.com](http://www.BestDoctors.com), Best Doctors finds the top doctors in this country by asking a simple question: Which doctors would other doctors go to if they needed treatment for themselves or a loved one? The company claims it asks that question hundreds of thousands of times, asks it across more than 400 subspecialties of medicine, and only asks it of 50,000 leading specialists.

The HVAMC boasts 26 staff physicians on the Best Doctors list, along with 56 physician consultants and attending physicians. Turn to page 3 of this newspaper to find the list of 26 HVAMC staff physicians selected as the best in their field for the year 2003.

Best Doctors says that annually, as many as 2 million peer evaluations go into detailed profiles on the doctors in

*(continued on page 3)*



*Listed as one of the best doctors in the nation in the field of family medicine, Robert S. Tan, M.D., Houston VA Medical Center's Extended Care Line medical executive examines veteran Johnnie Dement during a recent hospital stay. Dr. Tan received his medical degree from National University of Singapore and a certificate in Health Outcomes Research from Harvard School of Public Health. He is also an associate professor in the Department of Family & Community Medicine at the University of Texas in Houston.*

*Many veterans have voiced their frustration with the parking situation . . .*

## By Popular Demand, Valet Parking Now Available

**HOUSTON, TX** - Ever run late for a doctor's appointment at the Houston VA Medical Center (HVAMC) and had to park what seems to be a mile away from the main entrance? In August? When your back is hurting and you don't feel good anyway? If you answered yes to any of these questions, you are just one of the thousands of veterans each year who are frustrated with the parking situation at the HVAMC and have let us know about it.

The New Year brings great news about the HVAMC parking predicament. Beginning January 5, 2004, free valet parking will be available at the main entrance for our veterans. This service will operate Monday through Friday, 7 a.m. to 5:30 p.m., except for federal holidays. And when we say free, we mean free. A "No Tipping" sign will be posted at the main entrance and this policy will be strictly enforced.

This is how it will work. Veterans using the new valet parking will be greeted by a uniformed, valet parking

attendant when they pull up to the valet parking area at the main entrance. Veterans will present their VA I.D. card and/or their appointment letter to the attendant. The attendant will then ask the driver how long he or she expects to stay at the HVAMC. Next, the attendant will give the driver a claim check and park the car in a parking space based on the length of stay, or direct the driver to a spot for self-parking.

Don't worry. All attendant-parked vehicles will be locked, and the keys will be appropriately secured. All the parking attendants will be in uniform and have a valid Texas driver's license.

When customers return, they hand over their claim tickets and are given the option of having the valet parking attendant deliver their vehicle or retrieving it themselves. After 5:30 p.m., parking attendants will turn over the keys of any vehicles still on the premises

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**Special Note:**  
New Multiple Sclerosis Self-Help Group meets second Wednesday of every month, 2 - 3 p.m. in NU-2A Dining Room. Call (713) 794-7951 for details.

Many modern medical technologies or procedures have their roots in the VA, either because they were pioneered or developed by VA investigators . . .

# Recent Advances in Health Care from VA Research

**WASHINGTON, D.C.** - The Veterans Health Administration's (VHA's) Research and Development (R&D) Program has long been recognized as a key in VA's efforts to improve the health of America's veterans. Its accomplishments are many and varied. Not as well recognized, however, is the fact that VHA's R&D program also benefits all other Americans.

Indeed, many modern medical technologies or procedures have their roots in the VA, either because they were pioneered or developed by VA investigators. Unquestionably, VHA's Research and Development Program is a leader in the world of medical science

today. The following are recent advances in health care made by VA researchers.

## Heart net cardiac support device

The Houston VA Medical Center (HVAMC) was one of only 30 sites in North America, and the only one in Texas, to implant a cardiac support device (like a net) around the hearts of patients with congestive heart failure.

"One of the defining characteristics of heart failure is progressive enlarging of the heart. This cardiac support device is based on the idea that if continuous dilation of the heart can be stopped, the relentless downward spiraling nature of the disorder may be significantly slowed,



Photo by Sharon Jones, HVAMC Media Section

*Heart Net Cardiac Support Device: Ernesto Soltero, M.D., chief, Houston VA Medical Center Cardiothoracic Surgery Section, who performed the delicate operation on veteran Leroy Stewart, answers a few questions during Mr. Stewart's first follow-up appointment. "How to stop, if not reverse, such cascading deterioration remains the key to effective long-term treatment of the heart failure syndrome. The cardiac support device in this trial is intended to treat patients who are on optimal medical therapy," said Dr. Soltero.*

## A Word from the Director . . .

### Fisher House Breaks Ground

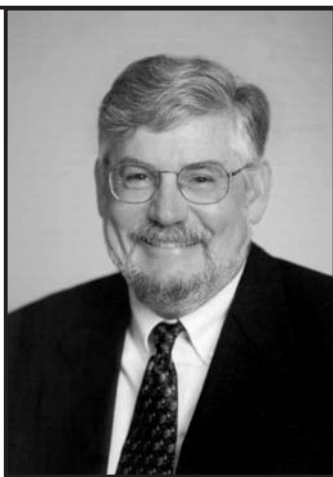
**HOUSTON, TX** - In December 2003, the Secretary of Veterans Affairs Anthony J. Principi accepted the proffer from the Fisher House Foundation to build a Fisher House in Houston in 2004. This is great news for our veterans, their family members, and the Houston VA Medical Center campus. Plans are underway for a January 16, 2004 groundbreaking.

The Fisher House planned for Houston will be the largest ever built by the Fisher family. Excited by the prospect, Ken Fisher, president of the Fisher Foundation has expressed his appreciation for Houston's commitment to this worthwhile project, and marveled at the speed with which fundraising was accomplished and VA approval obtained.

There are so many to thank for making this project happen including several members of the VA staff who identified and supported the need for a Fisher House. I commend Donna Moss, Miguel Ortega, and Dr. Ann Holmes for their tireless efforts this past year to educate and inform community organizations of the benefits of a Fisher House for our veterans. In addition, the Houston Congressional delegation, countless community leaders, and many veterans' service organizations were all extremely helpful with their letters of endorsement and commitment to support the Fisher House after it opens.

President George H. W. Bush graciously accepted the role of honorary chair for the fundraising effort and produced an outstanding video enthusiastically received by the community.

Taking the lead, Dr. Richard E. Wainerdi, president of the Texas Medical Center, accepted the challenge to raise the necessary funds, a sum that will be matched by the Fisher Foundation for construction expenses. He formed small groups of leaders



Edgar L. Tucker, Medical Center Director

including Dr. Michael E. DeBakey, Drayton McLane, Ben F. Love, Wallace S. Wilson, Quentin Mease, David L. Nelson, Robert Stott, and David Underwood to assist. Major corporations, non-profit foundations, and individuals were quick to respond. The entire list of donors will be highlighted at the groundbreaking ceremony, but special recognition goes to the Houston Endowment, Inc.; the Brown Foundation, Inc.; Conoco Phillips; and the John P. McGovern Foundation for their outstanding support. Also, worth mentioning is Gallery Furniture's Jim McInvale who pledged to provide all furnishings for our Fisher House.

We believe the Houston VA Fisher House will be an excellent benefit for the veterans we serve. It will enable family members to be close to their loved one at the most stressful time - during hospitalization for an unexpected illness, disease, or injury. The organizations, businesses, and individuals in the Houston community who unselfishly gave their time, resources, and energy to support this charitable cause believe as we do - that our veterans deserve and have earned our respect, our thanks, and our gratitude. ■

stopped, or even reversed," said Douglas Mann, M.D., a HVAMC staff physician.

The objective of the cardiac support device is to support the lower chambers of the heart in a way that effectively reduces the muscle stretch and wall stress resulting from the heart enlarging. Therefore, HVAMC physicians hope this cardiac support device may halt the progressive enlargement of the heart, improve its function, and encourage a reduction in size.

Heart failure is a progressive downward spiraling syndrome that results from any number of conditions, including coronary artery disease, long-standing hypertension, toxins, and idiopathic dilated cardiomyopathy. The initial onset can be so mild that little or no functional impairment is immediately apparent. But at some point, symptomatic heart failure is experienced, while a relentless process of damaging structural and functional changes to the heart continues.

The effects of the device in an initial safety study at three years of follow-up indicate that the device is safe. This study also shows improvement in the size and function of the heart muscle as well as improvement in the patient's level of activity.

Although no new patients are being enrolled in the current clinical trial, progress and safety of currently enrolled patients will continue to be monitored for five years. It is anticipated that the United States clinical trial results will be published in late 2004 or early 2005. (April 2003)

## Low-carbohydrate diet outperforms low-fat diet in VA study

Obese patients on a low-carbohydrate diet for six months lost more weight and fared better on certain

cardiovascular and diabetes measures than patients on a low-fat, calorie-restricted diet, according to a VA study in *The New England Journal of Medicine*.

The researchers cautioned against discarding the low-fat approach, which has been shown to reduce the risk of heart attack. They said, however, that their study demonstrates the need to learn more about the metabolic effects of high-carbohydrate diets in persons who tend to overeat. (May 2003)

## Flu shot may also protect elderly from pneumonia, heart attack, stroke

In a study published in *The New England Journal of Medicine*, VA scientists found that flu-vaccinated elderly patients are less likely to be hospitalized for flu complications, such as pneumonia, cardiac disease and stroke. They also found fewer deaths from all causes among patients who had received flu shots. VA has achieved a nearly 80-percent rate of flu vaccination among veteran patients. (April 2003)

## Study urges better use of screening tests, treatments for hearing loss

Physicians in the United States are not taking advantage of proven methods to detect and treat hearing loss among older people, according to a VA study appearing in the *Journal of the American Medical Association*.

The study, which analyzed more than 1,600 journal articles, found that relatively few senior citizens are being tested and referred for treatment of hearing loss. The authors suggest that primary care doctors use a combination of a specialized questionnaire and an audioscope, which checks hearing and the condition of the inner ear, to thoroughly screen older patients. (April 2003) ■



Did you know the medical knowledge company, Best Doctors, Inc. listed 82 Houston VA Medical Center (HVMC) physicians as some of the best doctors in the nation for the year 2003?

# Houston VA Staff Physicians on Best Doctors List

(continued from page 1)

their database, sometimes as many as 200 individual evaluations on a single doctor. The company claims that it weighs, scores, and filters these evaluations to correct for biases. Unlike other referral services that simply list doctors affiliated with certain hospitals, or that depend on self-reporting, Best Doctors maintains that it asks those in a real position to know - other leading specialists.

Best Doctors says that it employs a combination of high-technology surveying methods and person-to-person phone interviews to encourage more complete and candid responses. The company claims that the broadness and depth of the voting pool help eliminate the biases that mar smaller-scale surveys and the distortion that results from minimal and/or indiscriminate participation from the medical community.

Best Doctors asserts it never takes compensation of any kind from doctors or hospitals in return for listing doctors in its database and in-depth surveying allows Best Doctors to develop detailed profiles of each of the doctors in its database (e.g., in-office language skills, special areas of research or experience. Additional information such as office hours, wait time for appointments, and bedside manner are given upon request). The company states all the doctors in their database are checked for licensing and certification requirements, and for any disqualifying disciplinary actions. ■ *portions of this article are courtesy Best Doctors, Inc.*

**Horacio J. Adrogué, M.D.**  
Medical Care Line  
Specialty: Renal Section  
Title: Physician

**Kimberly A. Arlinghaus, M.D.**  
Mental Health Care Line  
Specialty: Mental Health  
Title: Psychiatrist

**Milton Boniuk, M.D.**  
Eye Care Line  
Specialty: Ophthalmology  
Title: Ophthalmologist

**Timothy Boone, M.D.**  
Operative Care Line  
Specialty: Urology  
Title: Surgeon

**Blase A. Carabello, M.D.**  
Medical Care Line  
Specialty: Cardiovascular Disease  
Title: Medical Care Line Executive

**Glenn R. Cunningham, M.D.**  
Medical Care Line  
Specialty: Endocrine  
Title: Physician

**Rabih O. Darouiche, M.D.**  
Medical Care Line  
Specialty: Infectious Diseases  
Title: Physician

**Charles S. DeJohn, M.D.**  
Mental Health Care Line  
Specialty: Mental Health  
Title: Psychiatrist

**Donald T. Donovan, M.D.**  
Operative Care Line  
Specialty: Otolaryngology  
Title: Otolaryngologist

**Jeffrey Friedman, M.D.**  
Operative Care Line  
Specialty: Plastic  
Title: Surgeon



Listed as one of the best doctors in the nation in the field of cardiovascular disease, Blase A. Carabello, M.D. is the Medical Care Line executive at the Houston VA Medical Center. Above, Dr. Carabello performs a coronary angiogram to examine the blood vessels of a veteran. Dr. Carabello is also the Moncrief Professor of Medicine and Vice Chairman in the Department of Medicine at Baylor College of Medicine. He received his medical degree from Temple University in 1973 and completed his internal medicine residency and cardiology fellowship at Harvard Medical School in 1978. Dr. Carabello is a founding member and current president of the Society for Heart Valve Disease and has received numerous awards for excellence in teaching. Most recently, he received the 2003 Alumnus of the Year Award from Temple University.

**David Y. Graham, M.D.**  
Medical Care Line  
Specialty: Digestive Diseases  
Title: Physician

**Richard J. Hamill, M.D.**  
Medical Care Line  
Specialty: Infectious Diseases  
Title: Physician

**Michael H. Heggeness, M.D.**  
Operative Care Line  
Specialty: Orthopedics  
Title: Surgeon

**Helene K. Henson, M.D.**  
Rehabilitation Care Line  
Specialty: Rehabilitation  
Title: Physician

**Mark E. Kunik, M.D.**  
Mental Health Care Line  
Specialty: Mental Health  
Title: Psychiatrist

**Christopher J. Lahart, M.D.**  
Medical Care Line  
Specialty: AIDS Unit  
Title: Physician

**Kenneth B. Mathis, M.D.**  
Operative Care Line  
Specialty: Orthopedics  
Title: Surgeon

**Alice Y. Matoba, M.D.**  
Eye Care Line  
Specialty: Ophthalmology  
Title: Ophthalmologist

**Ronald A. Morton, Jr., M.D.**  
Operative Care Line  
Specialty: Urology  
Title: Urologist

**Daniel M. Musher, M.D.**  
Medical Care Line  
Specialty: Infectious Diseases  
Title: Physician

**David T. Netscher, M.D.**  
Operative Care Line  
Specialty: Plastic  
Title: Surgeon

**Robert B. Parke, M.D.**  
Operative Care Line  
Specialty: Otolaryngology  
Title: Otolaryngologist

**Josef T. Prchal, M.D.**  
Medical Care Line  
Specialty: Hematology  
& Oncology  
Title: Physician

**Theodore Rosen, M.D.**  
Medical Care Line  
Specialty: Dermatology  
Title: Chief, Dermatology

**Robert S. Tan, M.D.**  
Extended Care Line  
Specialty: Extended Care  
Title: Physician

**David R. Wiemer, M.D.**  
Operative Care Line  
Specialty: Plastic  
Title: Surgeon

## Houston Veterans Affairs Medical Center Presents Special Parkinson's Disease Seminar:

### "Surgical Procedures for the Treatment of Parkinson's Disease"

**WHEN:** Friday, February 13, 2004, 10 - 11:30 a.m.

**WHERE:** Houston VA Medical Center 4<sup>th</sup> Floor Auditorium

**WHAT:** A free educational program for veterans, family members, and friends entitled, "Surgical Procedures for the Treatment of Parkinson's Disease." The guest speaker is Richard K. Simpson, MD, PhD, Associate Clinical Director of the Houston Parkinson's Disease Research, Education and Clinical Center; Chief of Neurosurgery, Houston VA Medical Center; and Associate Professor of Neurosurgery, Baylor College of Medicine.

**CONTACT:** If you plan to attend or need more information, please call Naomi Nelson, Ph.D. at (713) 794-8938 by February 11, 2004.

**INFO:** Parkinson's Disease is a serious health problem in the U.S. The National Parkinson Foundation, Inc. estimates that up to 1.5 million Americans have the disease and that approximately 50,000 new cases are diagnosed each year. VA medical centers treat at least 20,000 Parkinson's disease patients every year.



**Parkinson's Disease**  
Research,  
Education &  
Clinical Center  
Houston VA  
PADRECC

## We're Here to Help . . .

### MS Self-Help Group

The group meets the second Wednesday of every month, 2 - 3 p.m. in Nursing Unit (NU) 2A dining room. Group facilitators: Lisa Whipple, LMSW, (713) 794-7951 and Fe Funtanilla, RN, (713) 791-1414, ext. 4559

### Cancer Support Group

The group meets the first Tuesday of every month, 1-2 p.m. in the Nursing Unit (NU) 4D dayroom. Group facilitator: Lisa Whipple, LMSW and Chaplain Douglas Ensinger, D.Min., (713) 791-1414, ext. 5273

### Pain Support Group

The group meets every Wednesday and Thursday, 2 p.m. in Room 5C-215. Group facilitator: Gabriel Tan, PhD, (713) 794-8794

### Pain Education Group

The group meets every Wednesday, 1 p.m. in Room 5C-215. Group facilitator: Gabriel Tan, PhD, (713) 794-8794

### Pain Coping Skills Group

The group meets every Thursday, 1 p.m. in Room 5C-215. Group facilitator: Gabriel Tan, PhD, (713) 794-8794

### Better Breather's Club

The group meets the last Wednesday of every month, 1:30-3:30 p.m. in Room 1C-361. Group facilitator: Paula Denman, (713) 794-7317

### Stroke Support Group

The group meets second and fourth Thursdays of every month, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Laura Lawhon and Tommie Espinosa, (713) 791-1414, ext. 4241/5254

### Amputee Support Group

The group meets first and third Thursdays of every month, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Betty Baer or Roger McDonald, (713) 794-7793

### Prostate Cancer Support Group

The group meets third Thursdays of every month, 2 p.m. in Room 4C-122. Group facilitator: Lillie Sonnier, (713) 794-7111

### Hepatitis C Support Group

The group meets the first Friday of every month, 1:30 p.m. in Primicare Clinic 4 (NASA) Room 1A-442. Group facilitator: Collene Gasca and Alana Howard, (713) 791-1414, ext. 3656

### HIV Support/Educational Group

The group meets every Tuesday, 2 p.m. in Clinic 4, Room 1A-442 and every Thursday, 10 a.m. in Clinic 4, Room 1B-318. Group facilitator: Susan Sievers, (713) 791-1414, ext. 6183 or 5292

### Lufkin Hypertension Classes

The class meets the first Thursday of every month, 2 p.m. Ask your nurse or your Primicare provider, or stop by the front desk at the Lufkin Outpatient Clinic to register for this class.

Diabetes education classes are offered at the Houston VA by consult from your primary care provider . . .

## Diabetes: Healthy Choices for Controlling High Blood Sugar

**HOUSTON, TX** – Hyperglycemia is the technical term for high blood sugar. High blood sugar occurs when the body has too little, or not enough insulin, or when the body does not use insulin properly. Hyperglycemia can be caused by eating more than planned, exercising less than planned, illnesses such as cold and flu, or stress.

### Which foods raise blood sugar?

Foods containing carbohydrates raise blood sugar. These include grains, breads, cereals, dried beans, starchy vegetables (corn, potatoes, green peas), fruits and fruit juices, milk, yogurt, and sweets. Non-starchy vegetables contain small amounts of carbohydrate and will not affect blood sugar unless eaten in large amounts. Meat, poultry, fish, cheese, and fat do not raise blood sugar.

### What is the proper amount of carbohydrate to eat at each meal?

A "carbohydrate choice" is a portion of food containing 15 grams of carbohydrate. Most men need about four to five carbohydrate choices (60 - 75 grams of carbohydrate) at each meal. Women generally need about three to four (45 - 60 grams of carbohydrate) at each meal. If snacks are eaten throughout the day, one to two carbohydrate choices (15 - 30 grams of carbohydrate) per snack is reasonable. How many carbohydrate choices each individual needs will depend on body size and activity level.

Any food that has less than 20 calories and five grams of carbohydrate per serving is considered free. Free meaning these foods will not contribute toward your blood sugar level.

Foods with a serving size listed should be limited to three servings per day. If you eat all three servings at one time, it could raise your blood sugar. Foods listed without a serving size can be eaten as often as desired. Examples of foods that can be consumed as desired include sugar-free sodas and beverages, sugar substitutes, spices, and seasonings.

### What are some examples of one carbohydrate choice?

In the grains, breads, and cereals group, one slice of bread, a six inch tortilla, 1/3 cup rice or pasta, 1/2 cup cooked dried beans, 1 1/2 inch cube of cornbread, and 1/2 cup of potato, peas, or corn are all considered one carbohydrate choice. In milk and yogurt, one cup of milk and 2/3 cup (6 oz.) unsweetened yogurt or sweetened with non-caloric sweetener are examples. In fruits, one medium piece of fresh fruit or 1/2 cup fruit about the size of a tennis ball, 1/2 medium banana, one cup melon or berries about the size of two tennis balls and 1/2 cup (4 oz.) of fruit juice are in this category.

In vegetables, 1/2 cups of cooked vegetables and three cups of raw vegetables are examples. Small portions of non-starchy vegetables are free. In sweets and snack foods, 1/2 cup of ice cream, 3/4 oz. of pretzels, three cups of plain popcorn, a two inch square brownie, a three inch cookie, a tablespoon of sugar or honey, and three



Diabetes education classes are offered at the Houston VA Medical Center by consult from your primary care provider. Appointments are made on Tuesdays and Thursdays at 9 a.m. and 1 p.m. Each class lasts approximately two hours. Diet education is included as an integral part of diabetes education and controlling high blood sugar. Above, Rebecca Newsome, HVAMC Dietetic Intern discusses carbohydrate choices with veteran Robert Lawson.

gram cracker squares are also considered to be one carbohydrate choice. Carbohydrates come from beverages too, like regular sodas, fruit punch, Hi-C®, sweetened tea, Kool-Aid®, Sunny Delight®, and Gatorade®.

### How can hyperglycemia be prevented?

Practicing good diabetes control will help prevent high blood sugar. The key to controlling a diabetic diet is balance. A few basic guidelines will help you achieve balance in your meal plan.

Eat three meals at regular times, spacing them five to six hours apart. Avoid skipping meals. Eat proper food portions. Remember, one portion of carbohydrate is 15 grams of carbohydrate. Men should consume about five carbohydrate choices at each meal and women should consume about four at each meal. Eat a variety of foods. The more color on your plate, the more nutritious your meal.

Attain a reasonable weight. Exercise regularly. Use a sugar substitute in place of sugar or honey. Limit sugar free sweets (they still contain carbohydrates) and foods high in sugar, such as desserts, candy, fruit drinks, and regular sodas. Limit fruit and juice servings and have as a part of meals. Limit fried foods, as they contain calories. Bake, broil, roast, steam, or boil foods instead.

For more information on diabetes, healthy eating, and how to create a personalized eating plan, please visit [www.diabetes.niddk.nih.gov/dm/pubs/eating\\_es/index.htm](http://www.diabetes.niddk.nih.gov/dm/pubs/eating_es/index.htm). Another Internet site, [www.diabetes.org](http://www.diabetes.org) offers tips on healthy living, daily diabetic recipes, and much more on the topic of living with diabetes. For more information regarding classes, contact Vickie Bridges, RN, Nurse Diabetes Educator at (713) 794-7237. ■ Rebecca Newsome, HVAMC Dietetic Intern

## New MS Self-Help Group Meets at Houston VA Medical Center

**HOUSTON, TX** - A new Multiple Sclerosis (MS) Self-Help Group at the Houston VA Medical Center (HVAMC) will be launched Wednesday, January 14, 2004 in partnership with the Multiple Sclerosis Society.

The group will then meet the second Wednesday of each month, 2 - 3 p.m. in the dining room of Nursing Unit 2A at the HVAMC.

Lisa Whipple, LMSW and Fe Funtanilla, RN are the co-facilitators for the group. All veterans, family members, and friends impacted by the diagnosis of MS are invited to attend. Parking at the HVAMC is free.

This self-help group will pro-

vide more information, education, and a sharing of ideas for living successfully with MS and maintaining quality of life.

Topics included for discussion during meetings this year include: Getting the Most out of Mobility Equipment; Nutrition and the MS patient; Client Services Available through Sheltering Arms; and Getting to Know Your Rights through the Americans With Disabilities Act.

For more information regarding a schedule of upcoming groups and to be placed on the monthly mailing list, please contact Lisa Whipple at (713) 794-7951 or Fe Funtanilla at (713) 791-1414, ext. 4559. ■



# Mental Health Clinic Staffed to Take Care of Unique Needs of Veterans

**LUFKIN, TX** - The Mental Health Clinic (MHC) at the Lufkin VA Outpatient Clinic (LOPC) is staffed with a multidisciplinary treatment team offering assessment, psychotherapy, and medication management services to men and women veterans with a variety of mental health needs.

Anxiety and mood disorders are among the most common problems brought by veterans to the MHC. Nurse practitioners and psychiatrists provide medication management. Psychologists, social workers and counselors offer individual and group therapies. Group therapy is a central treatment modality in the MHC. The MHC staff at LOPC includes a psychiatrist, a psychologist, two nurse practitioners, an addiction therapist, and two social workers. It's important for our veterans to know the unique qualifications of our staff members.

Gloria Lamkin, LCSW, is a master-level clinical social worker with a master's degree from the University of Houston. She has worked at the LOPC for eight years. Ms. Lamkin has more than 25 years of postgraduate experience in the field of social work and provides a full spectrum of therapy at the MHC including individual, family, and group therapy. She has a long-standing interest in the treatment and management of Posttraumatic Stress Disorder (PTSD), particularly in the veteran population who served in Vietnam.

Beverly Roach, LMSW, is the second master-level clinical social worker at the MHC, employed since May 2000. She received her Master of Social Work Degree in 1999. Ms. Roach has almost ten years of experience in the field of social work and also provides a full spectrum of therapy at the MHC. She is the therapist for a specialized PTSD group for veterans of the Korean War and World War II. Ms. Roach runs the Tobacco Cessation Clinic and was also instrumental in the development of a new Cardiac Didactic Therapy Group

to assist veterans deal with the psychological aspects of heart disease.

The LOPC full-time clinical psychologist is John Fitch, Ph.D. Dr. Fitch has been with the MHC at the LOPC since 1995 and brings more than 20 years of experience to his current position. He received his Doctorate in Clinical Psychology in 1980 from the Louisiana State University in Baton Rouge. At the MHC, he provides a full spectrum of psychological evaluation and treatment including the utilization of many different therapy modalities. Dr. Fitch is the therapist for the Depression Treatment Group, the Chronically Mentally Ill Group, several PTSD therapy groups, and the Horticultural Therapy Project for the Chronically Mentally Ill Group.

Dee Kimbrough, FNP, is one of two nurse practitioners at the MHC, specializing in the management of psychiatric medication treatment. Ms. Kimbrough has worked at the LOPC since June 2001. She received her Master of Science Degree in Nursing in 2000 from the University of Texas Medical Branch at Galveston and was then certified as a family nurse practitioner. Ms. Kimbrough brings ten years of specialized experience in the mental health field to her current position and assisted with the development of the Cardiac Didactic Therapy Group. She provides psychiatric care to a large number of veterans, including many with Schizophrenia. Ms. Kimbrough serves as Acting Director of the MHC when the director is away from the clinic.

The second nurse practitioner is Lanita Peterson, FNP, who has worked at the LOPC since October 2002. Ms. Peterson received her Master of Science Degree in Nursing in 2000 from the University of Texas Medical Branch at Galveston and was certified as a family nurse practitioner in 2001. Ms. Peterson also provides psychiatric medication treatment at the MHC and brings more than 25 years of general nursing

experience to her current position. This experience is in the areas of emergency medicine, family practice, obstetrics and gynecology, home health care, long-term care, and surgery.

Bob Sanders is the full-time addiction therapist at the MHC and has worked at the LOPC since March 2002. Mr. Sanders brings almost 17 years of experience in chemical dependency and substance abuse treatment to his current position. He was first licensed as an addiction therapist in 1992, received his Bachelor of Science Degree in 1997 from LaSalle University in New Orleans, and received his certification as an advanced addiction counselor in 2000. At the LOPC, Mr. Sanders provides evaluations for substance abuse, as well as different therapy modalities including individual therapy, group therapy, couple's therapy, and family therapy. He also serves on the boards of several local community treatment centers.

The full-time psychiatrist, Teresa Timmons, M.D., is the newest member of the treatment team at the MHC at the LOPC, having started her position in February 2003. Dr. Timmons received her Medical Degree in 1984 from the Mayo Medical School at the Mayo Clinic in Rochester, Minnesota. She completed her residency training in Psychiatry in 1988 at the Mayo Graduate School of Medicine and received her specialty Board Certification in Psychiatry in 1991. Dr. Timmons brings 15 years of experience in psychiatry to her current position as the psychiatrist and director of the LOPC MHC.

Rounding out the staff at the MHC are the support staff, who help maintain an environment of order and efficiency so the clinical staff can focus on providing care to veterans. The support staff includes Faye Scarborough, the MHC secretary since March 2001. Ms. Scarborough has more than 40 years of experience as a secretary and office assistant. The MHC clerk is Richard Griffin and is the first person you see when you come to the MHC. Mr. Griffin prides himself in getting to know each and every veteran by name.

Referral to the LOPC MHC is usually done through a consult sent by your LOPC primary care provider. You will then be scheduled for a comprehensive assessment and a letter packet will be sent to you with your scheduled assessment appointments. Assessment includes an addiction severity index screen, followed by further evaluation by one of the therapists (a psychologist or a social worker) and/or one of the medication prescribers (a nurse practitioner or a psychiatrist).

After completion of your assessment, the appropriate path of treatment will be determined for you based on your individual needs. Recommended treatment could include medication treatment, individual therapy, group therapy, or substance abuse therapy if needed. As a highly professional mental health treatment team, we strive to provide you with quality care in a friendly, confidential environment. We are grateful to be able to serve you, our veterans. ■ Teresa Timmons, M.D., Director, LOPC Mental Health Clinic

## No More Parking Hassles

(continued from page 1)

to the VA Police Section. Owners of these vehicles will be able to pick up their keys at the VA Police Station at the main entrance.

Handicapped persons can still be dropped off at the main entrance, and the attendant will then park the car or direct the driver to a handicap space for self-parking. Parking attendants may also assist parking patrons by removing wheelchairs and carts from their automobiles.

Drivers with buses or large vans who wish to park their own vehicles, will be directed to a designated area by a parking attendant. Veteran service organization vans will still be able to drop off and pick up patients at the main entrance, and will be directed to a designated area if they wish to park. ■ Bobbi D. Gruner, HVAMC Public Affairs Officer

## New Patient Education Web site

**HOUSTON, TX** - The Houston VA Medical Center Library has developed HVAMC's first Patient Education Web site. This site highlights "Hot Topics" identified by the Patient Health Education Committee and provides well-ness and prevention information.

Veterans can also find out about HVAMC health services and get information on programs and services that support patients in their journey to wellness.

This new Web site can be found on the Internet at [www.houston.med.va.gov/patedu/](http://www.houston.med.va.gov/patedu/).

Contact Marsha Sullivan, HVAMC Librarian Supervisor at (713) 794-7856 for more information. ■

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The Mental Health Clinic at the Lufkin VA Outpatient Clinic is staffed with a multidisciplinary treatment team offering assessment, psychotherapy, and medication management services to men and women veterans with a variety of mental health needs. The staff, above from left, consists of Bob Sanders, B.S.C.D., L.C.D.C., A.A.C.; Dee Kimbrough, R.N., M.S.N., F.N.P.; Lanita Peterson, R.N., M.S.N., F.N.P.; Gloria Lamkin, L.C.S.W.; Richard Griffin; Beverly Roach, L.M.S.W.; Teresa Timmons, M.D.; and John Fitch, Ph.D.

# Enhancing Parkinson's Disease Clinical Care through Educational and Support Programs

**HOUSTON, TX** - Parkinson's disease is a serious health problem in the United States. The National Parkinson Foundation, Inc. (NPF) estimates that up to 1.5 million Americans have the disease and that approximately 50,000 new cases are diagnosed each year. VA medical centers treat at least 20,000 Parkinson's disease patients every year.

Parkinson's disease, one of the more common neurological diseases, is slowly progressive and caused by degeneration of brain cells in a region of the midbrain that produces the neurotransmitter dopamine. Symptoms include tremors, slowness of movement, stiffness of limbs, and problems with gait and balance. At present there is no cure, but treatments do exist and are available.

One of the goals of the Houston Parkinson's Disease Research, Education and Clinical Center (PADRECC) is to enhance the treatment and services the Houston VA Medical Center (HVAMC) provides to veterans with Parkinson's disease and their families using educational programs.

The PADRECC Patient/Family Forums held every third month provide information about Parkinson's disease. This includes news and updates about symptoms, medications, speech, physical therapy, and complications such as walking, getting out of a chair, or rolling in bed. Speakers at these forums include faculty from the PADRECC, Baylor

College of Medicine, and Texas Woman's University. PADRECC physicians and nurses are also available to answer patients' questions.

The PADRECC also holds monthly educational group meetings for veterans with Parkinson's disease and their families and caregivers. These small group sessions provide veterans with the opportunity to talk about problems that affect daily life such as dressing and bathing, diet, taking part in community activities, and visiting with friends. Guest speakers with specialized knowledge on these topics frequently attend to join the discussion.

At the HVAMC, a patient educator is available at PADRECC clinics. The patient educator talks with veterans and their families, provides educational materials, and arranges for them to watch videos on treatment of Parkinson's disease, diet, exercise, and the latest research findings. PADRECC clinical staff members travel to other communities to present programs on Parkinson's disease to local support groups and VA facilities.

The HVAMC provides educational materials published by national Parkinson's disease organizations and give out PADRECC publications including newsletters and special bulletins to veterans, their families, health care professionals, and the interested public. Programs, activities, and announce-



*Eugene C. Lai, M.D., Ph.D., director of the Houston VA Medical Center's Parkinson's Disease Research, Education, and Clinical Center examines veteran Cal Raines during a recent appointment. Dr. Lai is a movement disorder specialist and an associate professor of Neurology at Baylor College of Medicine (BCM). He is also a clinician scientist with special interests in the causes and treatments of neurodegenerative diseases, and an expert in evaluating, diagnosing, and treating patients with Parkinson's disease and other movement disorders. Dr. Lai received his medical degree from BCM and his doctorate in biochemistry from the University of Washington. He has been a staff neurologist at the HVAMC since 1990 and is also the current president of the Houston Neurological Society.*

ments are posted on the Houston PADRECC Web site at [www.va.gov/PADRECC\\_Houston](http://www.va.gov/PADRECC_Houston) to reach veterans wherever they might be.

To further improve clinical care, the HVAMC is looking for new approaches such as telehealth to strengthen patient education and improve medication compliance. PADRECC staff members are examining the effects of these areas on patients' quality of life and health status. Another on-going PADRECC study is assessing patient and caregiver stress. The results will help us learn more about their concerns and needs. It will

also assist us in developing additional ways of measuring the effects of Parkinson's disease.

The Houston PADRECC works with community Parkinson's disease support groups and professional organizations to develop additional programs and evaluations to ensure quality improvement and patient satisfaction.

For more information, call the Houston PADRECC at (713) 794-7841. ■ **Eugene C. Lai, MD, PhD, Director and Marilyn Trail, Co-Associate Director of Education, Houston PADRECC**

## New Procedure Clinic Opens

**HOUSTON, TX** - The Houston VA Medical Center (HVAMC) opened the doors of a new clinic on April 1, 2003, and as of October 30, 2003 had treated almost 500 outpatients. What is so different and special about the Procedure Clinic on Nursing Unit 3C?

It caters to veterans who, for whatever reason, do not meet observation and/or inpatient criteria, cannot receive their treatments during normal clinic hours, or require a lengthy treatment. The second difference is the clinic is nurse-managed with the goals of improving customer service, improving access to care, and ensuring veterans receive outpatient treatment in a comfortable and convenient environment.

The clinic has turned out to be a huge success with veterans and their families. The nursing staff has received countless favorable comments from patients expressing their pleasure with the clinic and their care.

What kind of medical procedures are performed in this new Procedure Clinic? The nursing staff has cared for veterans receiving blood transfusions and intravenous infusions including medications. They have performed breathing treatments, accucheck monitorings for two to three hours, and pre-and post-procedure hydration for angiograms. Preparations and post-care for tilt-table testing, renal biopsies, pacemaker or pacemaker battery exchanges, cardioversion, colonoscopy, paracentesis or

thoracentesis, and lumbar punctures are also routine. Veterans receiving medication administrations requiring cardiac monitoring for two to three hours have also been seen in this new Procedure Clinic.

All of these procedures and a few more can easily be performed in this new outpatient procedure clinic. In addition, the NU-3C nursing staff cares for another unique segment of our veteran population. Approximately twelve percent of cardiac catheterization procedures performed at the HVAMC require patient hydration because of the potential for renal damage due to the use of diagnostic contrast. It is anticipated that the number of cardiac procedures at the HVAMC will increase because of the new cardiac catheterization procedure suite on the 3<sup>rd</sup> Floor.

Three major benefits have resulted from the implementation of this new Procedure Clinic. First, patient satisfaction has improved because of the timely delivery of treatments. Second, patients are able to receive medical attention on an outpatient level instead of being admitted to the hospital or an observation unit. In all, 90 percent of patients seen in the Nursing Unit 3C Procedure Clinic are released to their home within 18 hours of treatment. Finally, the limited outpatient resources at the HVAMC are better used.

■ **Carrie McDowell, Nurse Manager, Nursing Unit 3C, Medical Care Line**

## Everything You Wanted to Know about Eyeglasses at the Houston VA Medical Center!

Veterans, eligible for eyeglasses, will be provided one pair. If a veteran is unable to wear bifocals, an exception is made and that veteran will receive one pair of Up-Close eyeglasses and one pair of Far-Away eyeglasses. Duplicate pairs will not be provided yearly. Replacement pairs will be provided when circumstances warrant. For example, if you break your eyeglasses, lose them, or have a change in prescription. Replacements cannot be provided if the original prescription is over one year old. Vanity lenses, tints, and progressives cannot be provided at VA expense. Your HVAMC Eye Doctor will determine which type of eyeglasses you require. Safety lenses will only be provided to veterans who have lost their complete vision in one eye.

For more information, visit VHA Directive 2002-039 on the VA Web site at <http://www.va.gov/publ/direc/health/direct/12002039.pdf>



# VA Study Shows Liver Cancer Doubled in the United States in the Last Two Decades

**HOUSTON, TX** - The number of persons newly diagnosed with hepatocellular carcinoma (liver cancer) is rapidly increasing in the United States according to a Houston VA study published in the November 18, 2003 *Annals of Internal Medicine*. The rates of liver cancer have doubled over the past two decades, and the largest increase has been observed during the 1990s.

The increase has been observed in men and women and in most racial and ethnic groups. Disturbingly, the study shows an increase in liver cancer among Caucasian men between the ages of 45 and 65, who are not conventionally thought of as high-risk groups.

"This is an alarming increase in a highly lethal cancer," said lead investigator, Hashem El-Serag, M.D., M.P.H., a health services researcher at the Houston VA Medical Center and assistant professor at Baylor College of Medicine.

The study, which was designed to update the recent trends in liver cancer incidence, used data collected from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) program and represents approximately ten percent of the U.S. population. Therefore, the results are likely to be generalizable to the entire U.S. population.

The investigators determined that the increasing incidence of liver cancer was

unlikely to have simply resulted from changes in the demographic features of the population, such as age, gender, and race. However, the study suggests that hepatitis C virus, acquired in the 1960s and 1970s, may be responsible for the increase in liver cancer.

"We think that hepatitis C virus infections, acquired two to three decades earlier, are partially responsible for this increase in liver cancer," said El-Serag, "and if this is true, then unfortunately, we expect the cases of liver cancer to continue to increase over the next few years."

El-Serag concluded that "these observations should lead to further studies on the risk factors, screening, and management of liver cancer in the United States, as there is a dearth of good data to guide us in this important area of research."

This research is based upon work supported by the Health Services Research and Development Service, Office of Research and Development, Department of Veterans Affairs. Dr. El-Serag is a VA HSR&D Career Development Awardee and is a senior scientist at the Houston Center for Quality of Care & Utilization Studies, a VA Health Services Research and Development Center of Excellence and an assistant professor of medicine in the department of medicine at Baylor College of



*Hashem El-Serag, M.D., M.P.H., a health services researcher at the Houston VA Medical Center, examines veteran and liver cancer patient Robert Ochoa. "We think that hepatitis C virus infections, acquired two to three decades earlier, are partially responsible for this increase in liver cancer," said El-Serag, "and if this is true, then unfortunately, we expect the cases of liver cancer to continue to increase over the next few years."*

Medicine.

Collaborating with Dr. El-Serag on the study were Jessica Davila, Ph.D. and Nancy Petersen, Ph.D. in Houston; and Katherine McGlynn, Ph.D. with the

Division of Cancer Epidemiology and Genetics, National Cancer Institute, Department of Health and Human Services. ■ *Matt Price, HCQCUS Chief Communications and Public Relations Director*

## Houston VA One of First Area Hospitals with Life-Saving Portable Defibrillator Program

**HOUSTON, TX** - Recently, an elderly gentleman lost consciousness while driving, and crashed his car into a stone pillar holding up two sections of iron fence near the Houston VA Medical Center (HVAMC). A group of VA research physicians rushed to his aid and resuscitated him with the help of a newly

installed Automated External Defibrillator (AED).

The HVAMC has now completed the installation of AEDs throughout the hospital and its outpatient clinic in Lufkin. This makes the HVAMC one of the first hospitals in the city of Houston to have such a program in place in

compliance with recommendations of the American Heart Association and the International Liaison Committee on Resuscitation.

AEDs are user-friendly, heart-shocking devices that can be used by ordinary people like you and me to treat someone suffering an emergency cardiac arrest. An AED uses voice prompts to instruct the rescuer. Once the machine is turned on, the rescuer will be prompted to apply two electrodes provided with the AED to the victim's chest. Once applied, the AED will begin to monitor the victim's heart rhythm. If a "shockable" rhythm is detected, the machine will charge itself and instruct the rescuer to stand clear of the victim and to press the shock button.

"Cardiovascular disease remains the most common cause of death in the United States. Among these deaths, sudden, out-of-hospital cardiac arrest claims approximately 1,000 lives each day in the U.S. alone. Most of these cardiac arrests are due to ventricular fibrillation. Though highly reversible with the rapid application of a defibrillator, ventricular fibrillation is otherwise fatal within minutes, even when cardiopulmonary resuscitation is provided immediately. The overall survival rate in the U.S. is estimated to be less than five percent," said Issam Mikati, M.D., chair of the HVAMC Cardio Pulmonary Resuscitation (CPR) Committee.

"The critical issue is early defibrillation. Studies have shown that

defibrillation within one minute of collapse results in 90 percent survival. There is, however, a 10 percent drop in survival with every minute of delay. This has led to development of easy-to-use defibrillators that are directed at the layperson with no medical training. Numerous studies have shown that AED deployment in public places such as airports, casinos, schools, sports stadiums, were successful in saving lives," said Mikati.

"AEDs are now strategically located throughout the Houston VA Medical Center, and the devices are also installed inside our VA police cars, in remote buildings on and off the campus including the engineering buildings, at VA's Houston Center for Quality of Care and Utilization Studies, and at the Lufkin Outpatient Clinic," said Alice Lark, R.N., Medical Care Line quality management coordinator and a member of the CPR committee.

To ensure the effectiveness of the new devices, the HVAMC CPR Committee has also developed and coordinated AED training for all HVAMC employees. "The recent car accident outside our Alameda gate quickly drove home the importance of our AED program. Thanks to our new equipment and the efforts of trained Houston VA Medical Center staff members, this rescued man will now have a second chance at his tomorrow," said Lark. ■ *Alice Lark, R.N., Medical Care Line Quality Management Coordinator*



*From left, Alice Lark, R.N., Medical Care Line quality management coordinator, Salva A. Shenaq, M.D., M.B.A., chief of HVAMC Anesthesiology Service, and Issam Mikati, M.D., chair of the HVAMC Cardio Pulmonary Resuscitation Committee discuss the benefits of having Automated External Defibrillators strategically located throughout the Houston VA Medical Center.*

# From our Veterans

Provided by the Consumer Affairs Staff  
HVAMC Room 1B-370, (713) 794-7883

**Question: I'm a elementary school teacher. Does the VA have information available so children can learn what it means to be a veteran?**

**Answer:** In November 2003, the VA launched a new Web site, VA Kids, at [www.va.gov/kids](http://www.va.gov/kids), designed to help young people understand what it means to be a veteran. The Web page contains areas for students in kindergarten through grade 5, for grades 6 through 12, and for teachers. VA Kids also has information about the VA, Veterans Day, scholarships, student volunteer opportunities, rehabilitative, special events for disabled veterans, and links to veteran-related sites.

For younger students, VA Kids has interactive activities such as puzzles, coloring pages, matching contests and age-appropriate language to describe a number of patriotic topics. For older students, there is information on volunteer programs, scholarships and more sophisticated educational resources, games, and reference links. The teachers' section contains additional

information, links, and suggested classroom activities.

**Question: How do I get more news about the Houston VA Medical Center and veterans' health care?**

**Answer:** Send an email to [bobbi.gruner@med.va.gov](mailto:bobbi.gruner@med.va.gov) to sign up to receive news releases and information. You can also visit our Web site at [www.houston.med.va.gov](http://www.houston.med.va.gov) and click on the "In the News" symbol.

**Question: I was recently at the Houston VA Medical Center and picked up a Veterans' Information Packet (VIP). Is this information online?**

**Answer:** Yes, the Web address is [www.houston.med.va.gov/handbooks/vip](http://www.houston.med.va.gov/handbooks/vip).

**Question: Is it true that VA buys drugs from Canada, just like some commercial businesses that have been stopped by the government?**

**Answer:** No. VA only purchases pharmaceuticals that (1) are approved

by the Food and Drug Administration (FDA), (2) are manufactured in FDA-approved plants, and (3) have plants located in a nation that is an approved U.S. trading partner.

It is possible for VA to purchase drugs from other countries if all three conditions above are met. Commercial businesses have been in the news recently for purchasing drugs from non-FDA approved sources overseas.

**Question: I heard that VA was paying more than \$500 million in insurance dividends. I thought stories about these dividends were a hoax?**

**Answer:** During 2004, VA plans to distribute \$517 million in insurance dividends to 1.5 million veterans who served between 1917 and 1956. Recipients paid premiums for many years.

A long-standing hoax alleges that Congress has passed a law giving dividends to veterans who did not keep up their premium after leaving the military or who first served after 1956. Sometimes veterans are asked to pay fees to see if they qualify for a dividend. No fees are required by VA.

Full information about dividends can be obtained on the Internet at [www.insurance.va.gov](http://www.insurance.va.gov) or by calling 1-800-669-8477.

**Question: My family is arranging our father's funeral. Who do we contact to get a military honor guard?**

**Answer:** Funeral home directors should know exactly whom to contact in their communities. Obtaining honor guards, from the active-duty military, from a reserve component unit or from a veterans organization, is a regular service provided by funeral homes.

Most veterans are eligible to receive military funeral honors, including the folding and presentation of the flag and

the playing of Taps. Having a military honor guard is subject to the availability of personnel in each community, and some VA national cemeteries have their own honor guards.

**Question: Does VA have bereavement counseling for surviving family members of service members who die on active duty?**

**Answer:** The Department of Veteran Affairs (VA) offers bereavement counseling to parents, spouses and children of Armed Forces personnel who died in the service of their country. Also eligible are family members of reservists and National Guardsmen who die while on duty.

**Question: Where is bereavement counseling offered?**

**Answer:** VA's bereavement counseling is provided at community-based Vet Centers located near the families. There is no cost for VA bereavement counseling.

**Question: What is bereavement counseling?**

**Answer:** Bereavement counseling is assistance and support to people with emotional and psychological stress after the death of a loved one. Bereavement counseling includes a broad range of transition services, including outreach, counseling, and referral services to family members.

**Question: How can I obtain bereavement services?**

**Answer:** Services are obtained by contacting the VA Readjustment Counseling Service at (202) 273-9116 or via electronic mail at [vet.center@hq.med.va.gov](mailto:vet.center@hq.med.va.gov) both of which are specific to this specialized service. RCS staff will assist families in contacting the nearest Vet Center.

## Important VA Telephone Numbers

Houston VA Medical Center Main Line .....	(713) 791-1414
or toll-free 1-800-553-2278	
VA Network Telecare Center .....	(713) 794-8985
or toll-free 1-800-639-5137	
Beaumont VA Outpatient Clinic .....	(409) 981-8550
or toll-free 1-800-833-7734	
Lufkin VA Outpatient Clinic .....	(936) 637-1342
or toll-free 1-800-209-3120	
Pharmacy Refills .....	(713) 794-7648
or toll-free 1-800-454-1062	
Pharmacy Helpline .....	(713) 794-7653
Appointment Information .....	(713) 794-7648
or toll-free 1-800-454-1062	
VA Eligibility & Enrollment .....	(713) 794-7288
Patient Education Resource Center (PERC) .....	(713) 794-7856
VA Police .....	(713) 794-7106
<b>Vet Center (Post Oak Road) .....</b>	<b>(713) 682-2288</b>
<b>Vet Center (Westheimer) .....</b>	<b>(713) 523-0884</b>
<b>Patient Representatives</b>	
Houston .....	(713) 794-7884
Beaumont .....	1-800-833-7734
extension 113	
Lufkin .....	(936) 633-2753
<b>Houston National Cemetery .....</b>	<b>(281) 447-8686</b>
<b>VA Regional Office</b>	
Main Number .....	1-800-827-1000
Compensation/Pension .....	1-800-827-1000
Home Loans .....	1-888-232-2571
Education .....	1-888-442-4551
Insurance .....	1-800-669-8477
Headstones and Markers .....	1-800-697-6947

## OPERATION IRAQI FREEDOM - ENDURING FREEDOM



### ENDURING AND IRAQI FREEDOM VETERANS

**VA CAN PROVIDE YOU WITH HEALTH CARE AND BENEFITS ASSISTANCE IF YOU HAVE SERVED IN A RECENT THEATER OF COMBAT OPERATIONS.**

**If you are a recently discharged veteran with service in a theater of combat operations, VA can provide you free medical care for two years from your discharge from active duty for conditions possibly related to your service, regardless of your income status.**

**If you require assistance, please contact  
Fern A. Taylor,  
Manager, Patient Access Center  
at (713) 794-7034.**



*"To care for him who shall have borne the battle and for his widow, and his orphan,"*  
President Abraham Lincoln